

Administration in children. For the treatment of HIV infection in children, zidovudine is given daily with other antiretroviral drugs. US licensed product information permits the use of oral zidovudine in infants over 1 month of age, whereas in the UK it is recommended from 2 years of age. The dose given should not exceed the maximum adult dose of 600 mg twice daily.

The recommended dose regimen is an initial dose of 250 mg/m² twice daily increasing by 50 mg/m² twice daily at 2- or 3-day intervals up to 350 to 400 mg/m² twice daily.

Molluscum contagiosum. Intractable molluscum contagiosum, a viral skin infection, resolved when a patient was given zidovudine for treatment of HIV infection.¹

1. Hicks CB, *et al.* Resolution of intractable molluscum contagiosum in a human immunodeficiency virus-infected patient after institution of antiretroviral therapy with zidovudine. *Clin Infect Dis* 1997; **24**: 1023-5.

Preparations

Proprietary Preparations (details are given in Part 3)

Arg.: Rifax; **Austral.:** Norvir; **Belg.:** Norvir; **Braz.:** Ritovir; **Canad.:** Norvir; **Chile:** Norvir; **Cz.:** Norvir; **Denm.:** Norvir; **Fin.:** Norvir; **Fr.:** Norvir; **Ger.:** Norvir; **Gr.:** Norvir; **Hong Kong:** Norvir; **Hung.:** Norvir; **India:** Ritomune; **Indon.:** Norvir; **Irl.:** Norvir; **Israel:** Norvir; **Ital.:** Norvir; **Jpn.:** Norvir; **Malaysia:** Norvir; **Mex.:** Norvir; **Neth.:** Norvir; **Norw.:** Norvir; **NZ:** Norvir; **Pol.:** Norvir; **Port.:** Norvir; **Rus.:** Norvir (Норвир); **S.Afr.:** Norvir; **Spain:** Norvir; **Swed.:** Norvir; **Switz.:** Norvir; **Thai.:** Norvir; **Turk.:** Norvir; **UK:** Norvir; **USA:** Norvir; **Venez.:** Norvir.

Multi-ingredient: **Arg.:** Kaletra; **Austral.:** Kaletra; **Austria:** Kaletra; **Belg.:** Kaletra; **Braz.:** Kaletra; **Canad.:** Kaletra; **Chile:** Kaletra; **Cz.:** Kaletra; **Denm.:** Kaletra; **Fin.:** Kaletra; **Fr.:** Kaletra; **Ger.:** Kaletra; **Gr.:** Kaletra; **Hong Kong:** Kaletra; **Hung.:** Kaletra; **India:** Ritomax-L; **Israel:** Kaletra; **Ital.:** Kaletra; **Malaysia:** Kaletra; **Mex.:** Kaletra; **Neth.:** Kaletra; **Norw.:** Kaletra; **NZ:** Kaletra; **Pol.:** Kaletra; **Port.:** Kaletra; **Rus.:** Kaletra (Калетра); **S.Afr.:** Kaletra; **Spain:** Kaletra; **Swed.:** Kaletra; **Switz.:** Kaletra; **Thai.:** Kaletra; **Turk.:** Kaletra; **UK:** Kaletra; **USA:** Kaletra; **Venez.:** Kaletra.

Saquinavir (BAN, USAN, rINN)

Ro-31-8959; Sakinavir; Saquinavirum. N¹-((1S,2R)-1-Benzyl-3-[[3S,4a,8aS]-3-(tert-butylcarbamoyl)perhydroisoquinolin-2-yl]-2-hydroxypropyl)-N²-(2-quinolylcarbonyl)-L-aspartamide; (S)-N-[(αS)-α-((1R)-2-[[3S,4a,8aS]-3-(tert-butylcarbamoyl)octahydro-2(1H)-isoquinolyl]-1-hydroxyethyl)phenethyl]-2-quinolamidodisuccinamide.

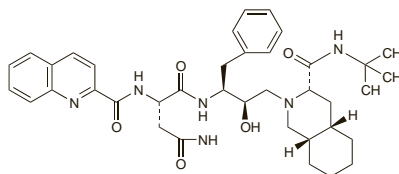
Саквинавир

C₃₈H₅₀N₆O₅ = 670.8.

CAS — 127779-20-8.

ATC — J05AE01.

ATC Vet — QJ05AE01.



Pharmacopoeias. In Int.

Saquinavir Mesilate (BANM, rINNM)

Mesilate de saquinavir; Ro-31-8959/003; Sakinaviriimesilaatti; Sakinavirmesilat; Saquinavir; mésilate de; Saquinavir Mesylate (USAN); Saquinaviri mesilas. Saquinavir methanesulfonate.

Саквинавира Мезилат

C₃₈H₅₀N₆O₅·CH₄O₃S = 766.9.

CAS — 149845-06-7.

ATC — J05AE01.

ATC Vet — QJ05AE01.

Pharmacopoeias. In Int. and US.

USP 31 (Saquinavir Mesylate). Store in airtight containers.

Adverse Effects

The most common adverse effects associated with antiretroviral regimens containing saquinavir are gastrointestinal disorders (abdominal pain, diarrhoea, flatulence, nausea, vomiting) and fatigue. Other commonly reported adverse effects include alopecia, anaemia, anorexia, increased appetite, asthenia, constipation, dizziness, dry lips, mouth and skin, dyspepsia, dyspnoea, eczema, headache, hypersensitivity, decreased libido, malaise, muscle spasm, paraesthesia, peripheral neuropathy, pruritus, rash, sleep disturbances, and taste disorders. Commonly reported laboratory abnormalities include raised liver enzyme values, increased blood amylase, bilirubin, and creatinine, and lowered

haemoglobin and platelet, lymphocyte, and white blood cell count. Rare but serious adverse effects that may be associated with saquinavir include acute myeloid leukaemia, haemolytic anaemia, allergic reactions, ascites, bullous skin eruptions, intestinal obstruction, jaundice, nephrolithiasis, pancreatitis, polyarthritides, portal hypertension, seizures, Stevens-Johnson syndrome, attempted suicide, and thrombocytopenia (occasionally fatal).

Immune reconstitution syndrome (an inflammatory immune response resulting in clinical deterioration) has been reported during the initial phase of treatment with combination antiretroviral therapy, including saquinavir, in HIV-infected patients with severe immune deficiency. Accumulation or redistribution of body fat (lipodystrophy) including central obesity, dorsocervical fat enlargement (buffalo hump), peripheral wasting, facial wasting, breast enlargement, and cushingoid appearance have been seen in patients receiving antiretroviral therapy, including saquinavir. Metabolic abnormalities such as hypertriglyceridaemia, hypercholesterolaemia, insulin resistance, hyperglycaemia, and hyperlactataemia have also been reported. Elevated creatine phosphokinase, myalgia, myositis, and rarely rhabdomyolysis have been reported with HIV-protease inhibitors, particularly when given with nucleoside analogues. Osteonecrosis has been reported, particularly in patients with advanced HIV disease or long-term exposure to combination antiretroviral therapy.

For further information on adverse effects associated with HIV-protease inhibitors see under Indinavir Sulfate, p.882.

Precautions

Ritonavir-boosted saquinavir should not be used in patients with decompensated liver disease and should be used with caution in patients with moderate hepatic or severe renal impairment. Patients with pre-existing liver disease or co-infected with chronic hepatitis B or C and treated with combination antiretroviral therapy are at increased risk for severe and potentially fatal hepatic adverse events. Caution is advised in treating patients with haemophilia A and B as reports of spontaneous bleeding have been associated with the use of HIV-protease inhibitors.

Interactions

Saquinavir is reported to be metabolised by the cytochrome P450 system, with the specific isoenzyme CYP3A4 responsible for more than 90% of the hepatic metabolism. Saquinavir is also a substrate and an inhibitor of P-glycoprotein. Drugs that affect this isoenzyme and/or P-glycoprotein may modify saquinavir plasma concentrations. Saquinavir may alter the pharmacokinetics of other drugs that are metabolised by this enzyme system or that are substrates for P-glycoprotein.

Saquinavir is contra-indicated with drugs that are highly dependent on CYP3A4 for clearance and for which elevated plasma concentrations are associated with serious or life-threatening events. These drugs include antiarrhythmics (amiodarone, bepridil, flecainide, propafenone, and quinidine), antihistamines (astemizole and terfenadine), antimycobacterial (rifampicin), ergot derivatives (dihydroergotamine, ergometrine, ergotamine, methylergometrine), gastrointestinal prokinetics (cisapride), antipsychotics (pimozide), sedatives and hypnotics (midazolam and triazolam), and statins (simvastatin and lovastatin). St John's wort decreases the concentration of saquinavir; use with the antiretroviral is not recommended due to the possible loss of its activity and development of resistance.

For further information on drug interactions of HIV-protease inhibitors see under Indinavir Sulfate, p.883 and Table 1, p.917.

Antiviral Action

Saquinavir is a selective, competitive, reversible inhibitor of HIV-1 and HIV-2 protease. It interferes with the formation of essential viral proteins making them incapable of infecting other cells. Viral resistance develops rapidly when HIV-protease inhibitors are given alone and therefore they are used with other antiretrovirals. HIV isolates resistant to saquinavir have been reported and variable cross-resistance with other HIV-protease inhibitors has been seen. Cross-resistance between saquinavir and NRTIs or NNRTIs is unlikely because these drugs have different target enzymes.

Pharmacokinetics

Saquinavir is absorbed to a limited extent (about 30%) after oral doses of the mesilate and undergoes extensive first-pass hepatic metabolism, resulting in a bioavailability of 4% when taken with food. Bioavailability was found to be greater from a soft gelatin capsule formulation of saquinavir base in a suitable vehicle (*Fortovase, Roche*) than from a hard capsule formulation (*Invirase, Roche*). Bioavailability is substantially less when saquinavir is taken in the fasting state. Plasma concentrations are reported to be higher in HIV-infected patients than in healthy subjects. Saquinavir is about 98% bound to plasma proteins and extensively distributed into the tissues, although CSF concentrations are reported to be negligible. It is rapidly metabolised by the cytochrome P450 system (specifically the isoenzyme CYP3A4) to a number of inactive monohydroxylated and dihydroxylated compounds. It is excreted mainly in the faeces with a reported terminal elimination half-life of 13.2 hours.

References

- Regazzi MB, *et al.* Pharmacokinetic variability and strategy for therapeutic drug monitoring of saquinavir (SQV) in HIV-1 infected individuals. *Br J Clin Pharmacol* 1999; **47**: 379-82.
- Grub S, *et al.* Pharmacokinetics and pharmacodynamics of saquinavir in pediatric patients with human immunodeficiency virus infection. *Clin Pharmacol Ther* 2002; **71**: 122-30.
- Acosta EP, *et al.* Pharmacokinetics of saquinavir plus low-dose ritonavir in human immunodeficiency virus-infected pregnant women. *Antimicrob Agents Chemother* 2004; **48**: 430-6.

Uses and Administration

Saquinavir is an HIV-protease inhibitor with antiviral activity against HIV. It is used in the treatment of HIV infection and AIDS (p.856). Viral resistance emerges rapidly when saquinavir is used alone, and it is therefore used with other antiretrovirals, including low-dose ritonavir which is given as a pharmacokinetic enhancer (ritonavir-boosted saquinavir).

Saquinavir is given orally as the mesilate but doses are expressed in terms of the base; 229 mg of saquinavir mesilate is equivalent to about 200 mg of saquinavir. The dose is 1 g twice daily given with ritonavir 100 mg twice daily with or after food.

Reviews

- Vella S, Florida M. Saquinavir: clinical pharmacology and efficacy. *Clin Pharmacokinet* 1998; **34**: 189-201.
- Figgitt DP, Plosker GL. Saquinavir soft-gel capsule: an updated review of its use in the management of HIV infection. *Drugs* 2000; **60**: 481-516.
- Plosker GL, Scott LJ. Saquinavir: a review of its use in boosted regimens for treating HIV infection. *Drugs* 2003; **63**: 1299-1324.

Preparations

USP 31: Saquinavir Capsules.

Proprietary Preparations (details are given in Part 3)

Arg.: Fortovase; Proteovir; **Austral.:** Fortovase; **Invisar:** Fortovase; **Belg.:** Fortovase; **Braz.:** Fortovase; **Canad.:** Fortovase; **Chile:** Fortovase; **Cz.:** Fortovase; **Denm.:** Fortovase; **Fin.:** Fortovase; **Fr.:** Fortovase; **Ger.:** Fortovase; **Gr.:** Fortovase; **Hong Kong:** Fortovase; **India:** Fortovase; **Israel:** Fortovase; **Ital.:** Fortovase; **Jpn.:** Fortovase; **Mex.:** Fortovase; **Neth.:** Fortovase; **Norw.:** Fortovase; **NZ:** Fortovase; **Philipp.:** Fortovase; **Pol.:** Fortovase; **Port.:** Fortovase; **S.Afr.:** Fortovase; **Spain:** Fortovase; **Swed.:** Fortovase; **Switz.:** Fortovase; **Thai.:** Fortovase; **UK:** Fortovase; **USA:** Fortovase; **Venez.:** Fortovase.